	Application or Docket Number
ATENT ADDITIONALEE DETERMINATION DECORD	

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			40					RATE	FEE		RATE	FEE	
FOR				NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TC	TAL CHARGEA	BLE CLA	AIMS	45 mir	nus 20=	. 25			X\$ 9=		OR	X\$18=	450
	DEPENDENT CL			0-	nus 3 =	19			X40=		OR	X80=	1520
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	,	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								)	SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAI REMAI AFTI AMEND	NING ER		HIGH NUM PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	. 5	7	Minus	** 4	15	= 12		X\$ 9=	10	OR	X\$18=	216
AME	Independent FIRST PRESE	TATION	2 I OF MI	Minus JLTIPLE DEI	PENDEŇÍ	2 <i>2</i> [CLAIM	=		X40=		OR	X80=	
									+135=		OR	+270=	
				•					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	216
	Markey Mr	(Colur		y agranusija navatajny, navannopos	(Colur		(Column 3)	_					
ENT B		CLAI REMAI AFTI AMEND	NING ER	in the second	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FÉE
<b>AMENDMENT</b>	Total	.5		Minus	5		= /	4	X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	NTATION	OF MI	Minus	*** O	CLAIM	= /	1	X40=		OR	X80=	
	THIOTTHEOL	MANON	OI WIC		LIVOLIVI	OLAM	<u> </u>	ן נ	+135=		OR	+270=	
		·	- 1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
		(Colun		deci.	(Colur		(Column 3)				-		
ENT C		CLAI REMAII AFTI AMENDI	MS NING ER		HIGH NUMI PREVIC PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 9		Minus		57	=		X\$ 9= -		OR	X\$18=	
AME	Independent	· A	J OF M	Minus	<u> </u>	32	=	<b> </b>	X40=		OR	X80=	
	FIRST PRESE	NIAHON	OF MU	JETIPLE DEF	LINDENI	CLAIM		J ├	+135=			.070	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Provingly Paid For" IN THIS SPACE is less than 20 center "20".													
***	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												